The Hampden Hippocrat

SEPTEMBER 1970

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A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

from WALTER C. BORNEMEIER, M.D. PRESIDENT, AMERICAN MEDICAL ASSOCIATION

As we enter the 1970's, we find, I think, that the medical profession has become acutely aware of some of the pressing problems facing American health care, and further, that we have pinpointed several of our deficiencies and are working towards solutions.

We have direction. A year ago in this journal, Dr. Gerald D. Dorman, then President of the AMA, contributed an article pointing out that "It's up to us." Fortunately for all of us, Dr. Dorman's words did not go unheeded in the medical profession, and today we can see a number of achievements.

First, the Congress of the United States has before it a bill entitled the "Health Insurance Assistance Act," which is in essential agreement with the "Medicredit" proposal put forth by the American Medical Association to the House Ways and Means Committee in 1969. This bill, introduced by Reps. Joel T. Broyhill (R-Va.) and Richard Fulton (D-Tenn.), would provide less affluent individuals and families with an incentive to purchase health insurance, and provide health insurance to the nation's poor at no cost to them.

We have taken a major step forward. Now we must concentrate with all our efforts on the next and even more important stop — channeling money to increase supply, not demand. Our number one priority should be to increase the output and production of physicians. And the place to start is to increase the efficiency of the education system. This can and must be done by reducing the total amount of time spent in medical school and by de-emphasizing those studies that do not contribute materially to the preparation of the student for clinical patient care. In short, we must make medical education more efficient.

We must also take a thorough and penetrating look at the present residency system. We must make it possible for our trainees to develop an expertise for care of the patient outside of the hospital rather than almost exclusively to become experts in the care of hospitalized patients. We must teach them what it is that makes people sick, as well as how to make them well.

Along with an increase in the supply of physicians, there is an urgent need for increased numbers of those who assist the doctor in the care of the patient. This applies both to the nurse supply and paramedical aides, both in number and scope of responsibilities.

Health has become one of the major objectives of the nation and all those measures that promote its realization have become a matter of intense public interest. It is our obligation as a profession to accept the obligation of leadership and to identify ourselves clearly with the legitimate concerns of the nation. It is our obligation to formulate and implement constructive solutions to those problems. It is our obligation to help realize those expectations which should and can be met.

Walter C. Bornemeier M.D.

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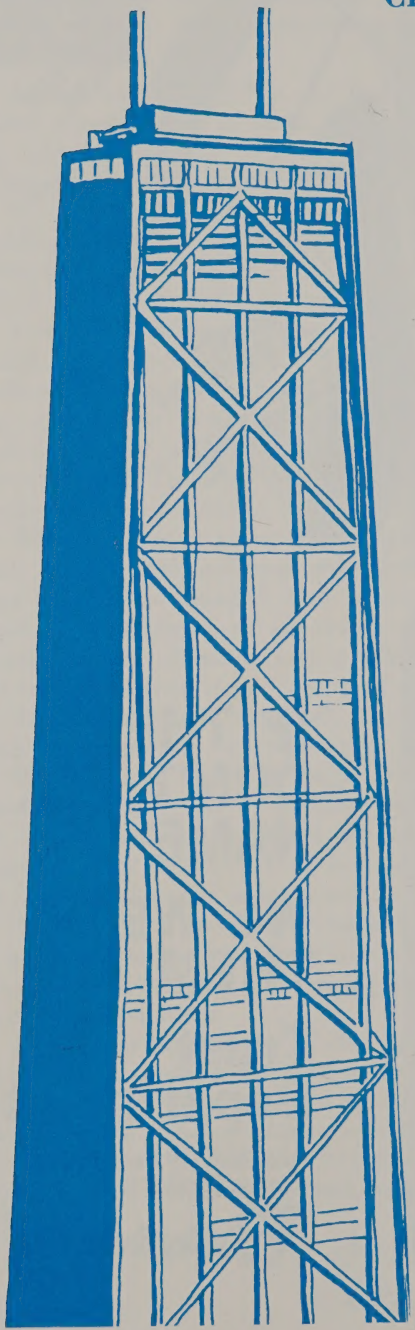
HIGHLIGHTS of the AMA HOUSE OF DELEGATES

CHICAGO MEETING



Delegates to the 119th Annual Convention of the AMA in Chicago, June 21-25, 1970, considered a record volume of business. The House was in session for 17 hours and 15 minutes, during which it considered a record 201 items of business. Included were 61 reports from the Board of Trustees and various councils as well as 140 resolutions.

ELECTIONS

Wesley W. Hall, Nevada, was elected President Elect, defeating two other trustees and one delegate running for the position. Dr. Hall will become the 126th President of the AMA in June, 1971.

H. Thomas McGuire, Delaware, was elected Vice President and Russell B. Roth, Pennsylvania, and J. Frank Walker, Georgia, were unanimously re-elected to their posts as Speaker and Vice Speaker.

Donald R. Hayes, Springfield, Mass. was re-elected to the Council on Medical Service.

ADDRESSES

In his final report to the House, Gerald D. Dorman reminded the profession that "We expect to be recognized and accepted as the leaders of medical and health care planning and action . . . because our experience has made us the best qualified to give leadership in medical care. But if we

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are to continue in that position, we must earn it. We must deserve it, not because of reputation or tradition, but because of visible achievement . . ."

He further issued a challenge by saying, "I should like to set a specific minimum health standard for the AMA to attain and maintain. That is a healthy child and a healthy mother. This does not require a resolution of this House; it does not require legislation or funding. It only requires personal dedication and commitment."

"Already this is being carried out in many places that I know of, and surely in many that I do not. Already the infant and maternal death rates are falling, but I speak also of infant and maternal morbidity. There are lives of mothers and of children permanently damaged for lack of proper care. This is not necessarily a fault of organized medicine because poverty, ignorance, malnutrition and bad sanitation take their toll. These we, as crusading citizens, must overcome now, as leaders in our drive for a healthy child and a healthy mother . . ."

"I want to see all our physicians — our obstetricians and gynecologists, our pediatricians, our general practitioners, our internists and other specialists — renew their contact with the rest of the health team and rededicate themselves to this minimum health standard . . . throughout our population."

Walter C. Bornemeier, in his inaugural address as the AMA's 125th President, cited five areas for improvement in medical education and training: shortening the medical school curriculum; modernizing and shortening residency programs; relating more medical training to patient care at an earlier point; assimilating full-time teachers into patient care; and reducing the number of medical research institutions and researchers.

CONSUMER FORUM

For the first time in its history, the House appointed a special reference committee to hold a public forum, at which individuals and representatives of groups could present their views of medical and health care. The committee heard three hours of testimony on the opening day of the convention. From its report, the House adopted the following recommendations:

"That consideration be given by the Board of Trustees to the creation of a multi-ethnic advisory committee on health care problems of minority groups."

"That the House of Delegates reaffirm its policy of encouraging physicians, as well as paramedical personnel, to continue to provide compassionate and sympathetic care to all patients."

"That the House of Delegates reaffirm Resolution 62, Annual Convention 1969, which states in part: 'It is a basic right of every citizen to have available to him adequate health care' . . . and that 'the medical profession, using all means at its disposal, should

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endeavor to make good medical care available to each person.'

"That the AMA Advisory Committee on Health Care of the American People be invited to participate in reference committee hearings" of this type if they are held in the future." Consideration of having such an open forum at each AMA convention was referred to the Board of Trustees.

ABORTION

After long debate before the reference committee and on the floor of the House, delegates adopted the following statement on abortion:

"Whereas, Abortion, like any other medical procedure, should not be performed when contrary to the best interests of the patient since good medical practice requires due consideration for the patient's welfare and not mere acquiescence to the patient's demands; and

"Whereas, The standards of sound clinical judgment, which, together with informed patient consent should be determinative according to the merits of each individual case; therefore be it

"Resolved, That abortion is a medical procedure and should be performed only by a duly licensed physician and surgeon in an accredited hospital acting only in conformance with standards of good medical practice, and after consultation with two other physicians chosen because of their professional competence, and within the Medical Practice Act of his State; and be it further

"Resolved, That no physician or other professional personnel shall be compelled to perform any act which violates his good medical judgment. Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional personnel withdraw from the case so long as the withdrawal is consistent with good medical practice."

DUES INCREASE

Until this convention, the amount of AMA dues was prescribed by the Board, for adoption or rejection by the House. On Tuesday, however, the House amended the bylaws to give itself that responsibility.

In response to the Board's reports relative to the financial statement of the AMA and background detail on the need for an increase, the House voted to increase annual AMA dues by $40, to $110. At the same time, the House directed that "basic and explicit information supporting the need for this dues increase, and future dues increases, be promptly disseminated by the AMA to individual members by every reasonable and available means possible."

The new dues will become effective with the next fiscal year, beginning December 1, 1970.

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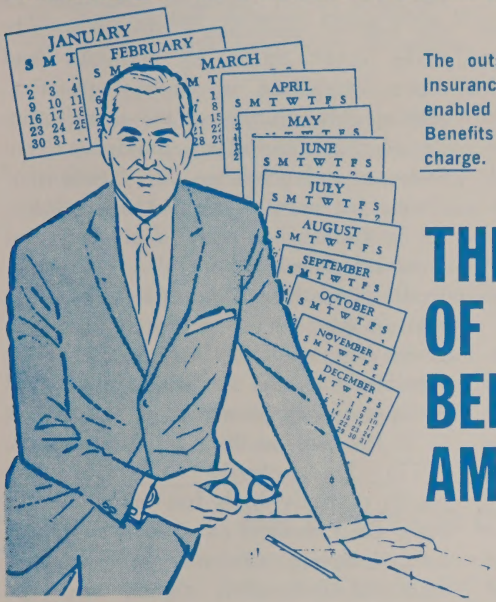

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PLANNING AND DEVELOPMENT

One of the longest debates of the meeting involved creating a body for long-range planning and development. When the matter was settled, a standing committee of the House — the Council on Long-Range Planning and Development — had been created.

The council will have nine members. Four will be appointed by the Speaker (two from the House and two from AMA membership at large) and four will be appointed by the Board (two members of the Board and two from AMA membership at large). The ninth member will be appointed by the President of SAMA. The council is required to submit reports to the House at each regularly scheduled convention of the AMA.

The House also acted on the recommendations of the earlier Committee on Planning and Development (Himler committee). Here are those recommendations as adopted by the House, sometimes after extensive revision:

(1) That the AMA reaffirm, as a statement of the primary purpose and responsibility of the Association and the medical profession, "the promotion of the art and science of medicine and the betterment of public health," and, as part of this purpose, apply all possible effort to make medical services of high quality available to all individuals.

(2) That the Association has the duty to guide and assist the medical profession in the attainment of this objective.

(3) That the AMA recognize the need for multiple methods of delivering medical services, and that it encourage and participate in efforts to develop them.

(4) That, in the interest of attracting the most highly qualified candidates to the field of medicine, it simultaneously make every effort to maintain and create incentives in medical practice. Among these incentives are a multiplicity of practice options, maximum professional independence and freedom of choice for both physician and patients.

(5) Health is a state of physical and mental well-being.

(6) That the AMA expand its active role in planning and developing programs for medical care in all of its ramifications and that it encourage and assist state and county medical societies to do the same at their respective levels.

(7) That, clearly recognizing the health of individuals has many aspects other than medical care, such as education, housing, environmental control, transportation, civil rights, and the alleviation of poverty, the AMA continue to show an active, innovative and constructive interest in these nonmedical components of health services.

(8) That the AMA and the constituent and component medical societies seek the active cooperation of all physicians, both as individuals and as

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members of medical staffs, in medical service projects for areas in need of medical services.

(9) That the AMA, through its Council on Health Manpower, in conjunction with county and state medical societies and other professional, education, and lay associations, continue to explore and develop expedients to overcome health manpower shortages.

(10) That the Association, in its future declarations and activities directed toward the alleviation of shortages in health services and personnel, underscore the fact that these shortages are not due merely to an insufficient number of health professionals across-the-board, and emphasize that maldistribution of practitioners geographically, by profession, and by specialty is an equally important factor in depriving communities of an adequate supply and spectrum of health services.

(11) That the Association publicize the reasons for the maldistribution, as outlined in this section, and stress that the voluntary correction of these deficiencies requires public cooperation and community action in addition to the measures taken by the health professions.

(12) That an appropriate Committee of the AMA immediately begin to formulate a policy on physicians' assistants, particularly with regard to their responsibilities, limitations on their services, and supervision of their services by qualified physicians.

(13) That the AMA reaffirm the principle that the basic responsibility for the medical care of patients lies with their physicians of record and that that responsibility cannot be legally or morally delegated.

(14) That the AMA approve in principle certification of educational pro-

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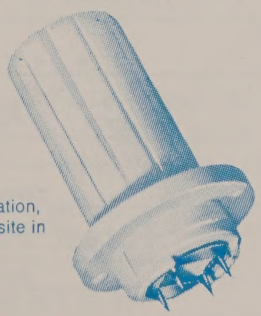

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oppose licensing of these individuals grams for physicians' assistants but by any state agency.

(15) That the Association's Law Division upon request assist the state medical societies in identifying and avoiding any legal hazards that may accompany the employment of physicians' assistants.

(16) In seeking as its goal the highest quality and availability of patient care, the AMA advocates factual investigation and objective experimentation in new methods of delivery of health care, while still maintaining faith and trust in the private practice of medicine and pride in its accomplishments.

(17) That the Association, in appropriate public statements, emphasize the concept that differences in education, state laws, culture and income levels create problems that may necessitate different systems of delivering medical care for different population groups and different geographic areas.

(18) Urge state medical associations to establish bureaus or departments of economic research, development and planning to study, develop and disseminate data concerning the economic aspects of medical practice.

Through the AMA's Departments of Survey Research and Economic Research, continue to assist state associations in collecting such data and to act as a clearinghouse for data so gathered.

(19) Encourage state medical associations to designate representatives to deal energetically with third party agencies and programs, utilizing the concept of usual, customary or reasonable charges.

(20) That the AMA reiterate its support of sound, existing mechanisms, such as public grievance and adjudication committees, and utilization and peer review committee, which state and county medical societies have found to be most appropriate and effective for the consideration of fees and the costs of medical and related care.

(21) Endorse the principle of voluntary, life-long post-graduate study for all physicians and continue and accelerate the development of programs and incentives for such study.

(22) That the AMA encourage and assist all state medical associations to devise programs for voluntary post-graduate study designed to maintain medical education at the optimum level with the primary objective of assisting the physician in rendering professional services to his patients. These programs of post-graduate study should be mindful of the many demands on the

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time of the busy physician, and his responsibilities to his patients and his practice, and should be least disruptive to the provision of medical services.

(23) That the Association obtain information from each state medical society as to whether special requirements have been imposed on physicians who render services to patients under the provisions of tax-supported programs and obtain the specifics of what those requirements are.

(24) That in those states where the health or welfare departments have imposed special requirements on physicians to participate in their programs, the medical society reject those requirements and that, if the need for such regulation can be demonstrated, the state medical society, education department, and health department cooperatively develop standards to be incorporated into the education law and enforced on all physicians of that state, thereby eliminating double standards for medical practice and restoring the licensing authority to the proper agency.

(25) The AMA, on the basis of the data received from the state medical societies, (a) continue to identify the services that comprise good medical care; (b) develop guidelines that state and county medical societies may use in evaluating needs and priorities of medical services in their respective areas, and (c) ensure that these data and guidelines are widely distributed and publicized.

(26) That the present structure of the Association be retained and that it be strengthened by improvements and modifications in its function.

(27) That on implementation of the program for organization and reorganization, a planning council with appropriate subcommittees be formed for the purpose of processing data and formulating policy recommendations for the consideration of the Board of Trustees and the House of Delegates.

EDUCATION

In December, 1968, the House agreed that "an ultimate goal is unification of the internship and residency years into a coordinated whole." To move closer to that goal, in this meeting the House adopted the following statements:

"After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be or-

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ganized and conducted as a unified and coordinated whole.

"After July 1, 1975, no internship program will be approved which is not integrated with residency training to form a unified program of graduate medical education."

PROFESSIONAL LIABILITY

The House approved a Board report stating that liability insurance protection is essential so that physicians may continue to provide needed medical care to the public. "It has been concluded," the report said, "that the best way to provide such assurance is on a collective, rather than an individual basis, under programs jointly sponsored by the AMA and the respective state medical association . . . Minimum standards for an effective sponsored insurance program are being developed" and the Professional Liability Committee of the Board "is seeking with the insurance industry a means for instituting qualified insurance programs under such joint sponsorship with state associations which elect to participate."

NURSES AND OTHER ALLIES

The following AMA position statement on nursing was adopted:

"The AMA recognizes the need for, and will support efforts to increase, the number of nurses; recognizes the need for, and will facilitate the expansion of, the role of the nurse in providing patient care; encourages and supports all levels of nurse education; will promote and influence the development of a hospital nursing service, similar to a medical care service, under the leadership of a chief of professional service, aimed at increased involvement in direct medical care of the patient; supports the concept of the physician-led health team; and will seek constructive collaboration with the total nursing community."

The House also resolved that "the AMA undertake a thorough investigation of a method to bring allied professions into collaborative relationship with the AMA such as the establishment of a new class of membership;" and "that consideration be given to preparing 'essentials' for those cat-

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egories of the allied health personnel groups which do not have them, and that the opportunity for vertical and horizontal mobility be considered in determining these 'essentials.'"

DRUGS

The House took a number of important actions in connection with drugs. Among them:

That the AMA "encourage Committees on Pharmacies and Therapeutics in each hospital to review drug reactions and related problems and to take appropriate control measures and to initiate informational programs."

That the AMA "seek passage of legislation for control of the manufacture and distribution of barbiturates and amphetamines."

That the AMA "expresses the concern of the medical profession that consumer protection be assured through more adequate surveillance of proprietary drug advertisements by private organizations and more effective cooperation in enforcement of applicable regulations by responsible governmental agencies."

That the AMA "supports dispensing by pharmacists of all medications in child-protective containers, and encourages acceptance of the containers by parents."

And that it is contrary to the public interest to repeal or modify "anti-substitution laws and regulations in order to permit the filling of prescriptions with therapeutic agents not intended by the prescribing physician." The house declared its intention "vigorously to support the maintenance and enforcement of anti-substitution laws and regulations."

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PRESIDENT'S PAGE

THE AMA IN THE SEVENTIES

In human conduct, groups of two or more people tend to develop differences of opinion. This truth extends from family units to mammoth organizations. The 123 year history of the AMA has included and continues to include diverse thinkers. This is natural and good. It has been helpful in the transition of the AMA from a body concerned only with improvement of medical education and of medical ethics to one which encompasses many other aspects of distribution and quality of medical care. The recent annual meeting of the AMA resulted in clarification of stands on many controversial issues and indicated awareness of many other problems. This activity ranged from abortions to zealots of the radical left, not to mention the many items in between these extremes of the alphabet.

At the level of the HDMS we are interposed between the patient and the many current activities and decisions of the AMA. As in the past a majority of physicians most directly involved in patient care support the efforts of the AMA. Currently the new president, Dr. Bornemeier, has urged the shunting of more physician effort to the arena of patient care from such recently popular endeavors as duplicative research for research's sake. Dr. Bornemeier's recommendation has drawn much favorable comment from within the medical profession and outside. Dr. Wesley W. Hall, President Elect of the AMA, has expressed concern for the future and an acute awareness of need for increased dialog between practicing physicians and emerging interns and residents. There are new ideas of earlier involvement of medical students in summer time patient care rather than prolonged non-medical vacations.

All of us in the decade of the seventies may expect the most exciting and challenging years in the health care history of mankind, years which will try our patience and demand the utmost in our ingenuity, common sense, and moral strength. Working within the AMA to improve the AMA and to achieve the workable methods for better medical care promises to be much more constructive for the medical needs of our land than for each of us to go more than 100,000 different directions in medicine individually.

John W. Turner

John W. Turner, M.D.

NEXT MEETING OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, September 22, 1970
Business meeting at 6:00 P.M. followed by
Social Hour at 7:00 P.M. and
*Dinner (Courtesy of Society) at 7:30 P.M.

PLACE: Highpoint Motor Inn
Chicopee, Mass.

SPEAKER: Mr. Edmond P. Garvey
Springfield Technical Community College

YOUR PRESENCE IS URGENTLY REQUESTED.

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D., Secretary

*If you must cancel your dinner reservation, please do so before noon on September 22, 1970.

A REGIONAL CONSULTATIVE NETWORK

The problem of communication across distances was solved with a fire, green wood, and an animal hide some 250 generations ago. Today, man can see, hear and talk to and from the moon, vital physiologic signs are transposed to telemetry signals and beamed to physicians in Houston Control. A long distance physical examination can be carried out, limited only by the physician's inability to utilize his sense of smell and direct touch; with paramedical personnel at the patient's side these limitations can be modified. Today's techno-electronic developments should be used to help solve some of medicine's more urgent problems.

DEMAND VS. SUPPLY

As is well known, the increasing demand upon medicine and public health by patients has created a shortage of all medical and paramedical personnel and is straining the capacities and facilities of many medical centers and hospitals. If the physician could increase his productivity, i.e., see more patients per work day, (without increasing work hours per day), the physician shortage would be partially relieved. Other factors at work which contribute to medicine's problems are: (1) the increasing centralization of medical personnel and facilities, which leaves vast areas and many patients without immediate and first contact medical knowhow; (2) the increasing demands on physicians' time for matters not directly related to patient care, i.e., peer reviews, JCAH inspired and required meetings, more distant scientific meetings which require longer periods from base, even though they provide a needed respite; (3) the need for the physician to participate in his community's non-medical activities. Solutions will be provided through increased efficiency and production by the physician and changes in the current concepts of medical practice. The physician must, therefore, "see" more patients in less time and delegate many of his prerogatives to paramedical personnel. The regional consultative network is an idea, which when molded by other opinions and knowhow, could provide some of the needed increased efficiency. The proposed network is primarily designed for medical and

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public health use and would include physicians, dentists, and all paramedical personnel offering services to the health of the public; however, other professions and parties may find it useful for solutions to their communication problems as well.

AN APPROACH

The Regional Consultative Network — "R.C.N." — would consist of closed circuit television lines between all the regional hospitals or centers of medical practice and a central medico-health station, which in turn would be linked to other regional centrals throughout the state and country. Smaller centers of medicine and physicians offices would be brought in via telephone and/or teletype to the Central Medical Station — "C.M.S.". Towns without physicians or other medical facilities could have a "mediphone" in the town's office, to help with emergencies or when medical assistance is needed. A public health nurse or a visiting nurse or a discharged service corpsman could man a station in the absence of a physician. Public health personnel and/or physicians would handle the receiving end of the line dispensing advice and directing assistance.

The network's first and probably biggest use will be to balance out and equate the distribution of physicians and highly specialized facilities to the dispersed public, through increased productivity and decreased mobility of the patient and/or the physician. For example, a generalist practicing in Blandford and visiting a patient with problems not readily solved at the bedside could "mediphone" central medicine and relate his findings, transmit pertinent physiologic data to the specialist on call, or if not an emergency, to a computer storage bank for a later review by the appropriate Disease Board. Medical assistance then could be directed back to the physician. Or, a patient and his physician in the Palmer Hospital could have the benefit of the immediate opinion "a tele-

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consultation" of a Disease Board meeting at its prescribed hour in Springfield. Through this type of procedure, centrally located physicians could service a wide area without the need to travel or to be an integral part of the distant hospital's medical staff. Whenever specialized facilities or equipment are necessary for the patient's care, arrangements could be made at the time of consultation. Repeat calls to or by a patient should decrease, and efficiency would increase thereby.

BONUSES

Another function for the consultative network would be to help with programs of continuing medical education; hospital grand rounds could be conducted at specified hours with all regional hospitals linked together. Many of the duplicative meetings could be eliminated and speakers would be assured of a large and attentive audience; multi-focal seminars with the hospitals' experts holding forth in a regional round table would provide further education; outstanding programs could be taped for scanning at a later date or in another area of the state; meetings of the county or state medical societies or of organizations such as the Springfield Academy could be witnessed through a larger area — the outlying physician could stay close to home yet enjoy the program and its benefits. Again, medical or social emergencies could find assistance through the network.

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The consultative network could be the synthesis for a Regional Medico-Health Office — "R.M.H.O." — acting as the syncytium composed of the district societies, the Connecticut Valley Health Office, the interested federal and state municipal health and welfare agencies, the voluntary health agencies, the visiting nurses, social services and any other interested groups. Duplication of efforts and poorly paid personnel could be eliminated while providing a strong central force for the community good. The costs to be met by the participating parties.

Medical statistics and health data could be funneled into the R.M.H.O. for use by public health departments, social service and voluntary health agencies and welfare. Reversal of the flow would allow dissemination of current health data or emergency procedures. This, of course, represents the

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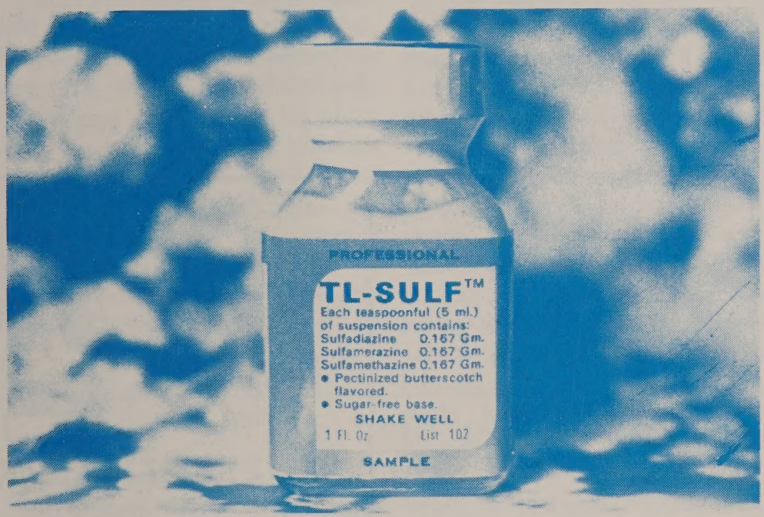

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ultimate in development and may not come into fruition at all or not until the end of the decade.

BLAST OFF

The Hampden District Medical Society, through its committee of Inter-Hospital Planning could explore the possibilities for this network. The Northampton office of the Tri-state Regional Medical Program has shown interest in such a network. Recently a meeting of the administrators and interested physicians was held at the Wesson Memorial Hospital to further promulgate the idea, with special reference to its uses in cancer control.

As with all viable matter, growth and development must proceed by a pattern, with a purpose. The network should begin in Springfield and first link together the major medical centers with closed circuit TV. Thus, the patient's care would be first to benefit with exchanged ideas and cross-utilization of unique facilities. The second phase could be the establishment of the central medico-health electronic station within the R.M.H.O. and its internal and external links. The third phase would be to tie in the outlying medical centers and physicians offices via telephone and/or teletype systems. When complete, the practicing physician would have at his fingertips *in his office* access to medical statistics and end-result evaluations, an enlarged medical library, emergency assistance, conjoined consultative opinions, social services and welfare planning; *in his hospital,* area and regional Disease Board opinions, continuing medical education programs, non-destructive penetration of neighboring hospital staffs with pooled attendance for scientific meetings, inter-hospital cooperation and consultations.

The Regional Consultative Network utilizing todays techno-electronic developments, should give the physician more time to see and care for his patients and free him to carry out more non-patient care activities. Hopefully, he would find more time to spend with his family and friends.

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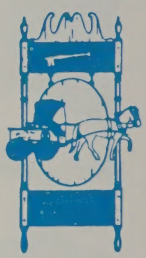

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ONE MAN'S OPINION . . .

A SALUTE TO PRESIDENT SOUTTER!

"To make progress we must not develop a fixation on the past."

G. D. Dorman, M.D.
Past President AMA

The June issue of the *Hippocrat* was privileged for the 13th time in as many years to feature a "Message to Hampden" from the incoming president of the MMS. This year's message, from President Lamar Soutter, was unusually timely, informative and inspiring. In the space of a single page he listed the major problems confronting us today and also offered suggestions towards making our Society more effective and meaningful. Most significant was Dr. Soutter's observation that ". . . despite the rapid changes now affecting the practice of medicine, we remain predominantly a society controlled by older men."

ALL SEEM TO AGREE

It is interesting to note that similar sentiments were expressed at our November meeting by the then President of the AMA, Dr. G. D. Dorman, when he appealed for the inclusion of more youthful participants in the ranks of our leadership. As if in compliance with this appeal, fully one fourth of the Councilors elected at our last annual meeting were young members, members who never before had served in that capacity. If other districts acted similarly, the senescence of our Council could easily be averted. Finally, the *Hippocrat* also has stressed from time to time the need for younger views,

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ideas and enthusiasms. Thus, an item in its October, 1968 issue suggested that the Councilor's tenure be limited to a maximum of five consecutive years. (At the present time, there is no limit whatever.) This suggestion was brought to the attention of the Ad Hoc Advisory Committee to the Committee on Council Rules and Bylaws of the MMS but, as far as is known, no action has yet been taken. How, then, can we get our younger members involved in leadership? President Soutter's suggestion that all district societies " . . . send in the names of men and women who are willing to serve on committees, " sounds laudable. It would serve not only to bring in new blood but also to provide the outlying district societies with more equitable representation.

REJUVENATION VIA LEGISLATION

What might prove helpful, in addition to Dr. Soutter's suggestion, is to have the MMS bylaws amended in such a manner as to prevent the current permissive perpetuation of our leadership. The efficacy of such legislative reform is poignantly illustrated by what our own district society did some seven years ago in connection with Censors. Up to that time most of our Censors were elected over and over again. They were rarely replaced. As a result we suddenly found ourselves pitifully short of past Censors — a requisite for the office of Supervising Censor. To remedy the situation our bylaws were amended to limit the Censor's tenure to 4 years. This not only increased the number of past Censors but also accelerated the turnover of members involved in this very important capacity. Our amendment reads:

> "Censors shall not serve for more than four consecutive years and shall not be eligible for re-election for three years."

The adoption of similar amendments by the MMS might conceivably go a long way towards the invigoration of our committees. Of the 42 MMS committees, mentioned by Dr. Soutter, only two are endowed today with tenure restrictions, namely the Committee on Nominations (5 years) and the Executive Committee (two 3-year terms). Tenure limitation of membership in all standing committees would compel us willy nilly to seek out newer and hopefully younger replacements.

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Another area of possible legislative reform is the eligibility rule for the office of Censor. The ten-year fellowship pre-requisite might have served a useful purpose two generations ago when the incoming member was in his early 20's. Today he is 10 years older, more mature and much more aware of the problems pervading our profession. The wisdom of shortening his eligibility to perhaps 5 years might well be considered.

IN SUMMARY

If we are to rejuvenate our leadership successfully we must begin by rejuvenating our bylaws, and without delay. Our existing bylaws are basically sound but, unintentionally, to be sure, they hamper youth participation. They are badly in need of updating. The democratic process also demands that our leadership represent not only every medical specialty but also every age level. It is ironic that our medical students, through the SAMA, have two representatives in the AMA's House of Delegates, but how many 30 or even 40 year old delegates represent these age groups in the legislative body of the AMA? There is no intent here to disparage the contributions of our older members to medical society leadership. Not at all! Dr. Dorman expressed it very well indeed when he stated recently that: "Experience, is what the older man can contribute; youth brings imagination, energy and optimism to the tasks before us. When an organization can blend the two it is dynamic and rejuvenated."

Finally, while waiting for bylaw amendments and revisions, Hampden will do well to heed President Soutter's call for a list of members willing to serve on committees. For, as he points out: "If you can do this next year, it will help the next president to improve the work of the Society, particularly if more younger men and women representative of many of the present changes in social and other attitudes can be added to committees."

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HIGHLIGHTS OF THE JUNE EXECUTIVE COMMITTEE MEETING

The June Executive Committee meeting was held on Tuesday, the 16th in the Conference Room of the HDMS.

Present were Drs. Turner, Moore, Bandeian, McHugh, Goldberg, Kelly, Sullivan, Gilchriest, Mozden and Mrs. Purdy.

In the absence of a Secretary and an Assistant Secretary, Mrs. Purdy, read the minutes of the May meeting. They were accepted as read by the Committee.

CORRESPONDENCE

Miss Katherine Cooper, Nutritionist from the AMA, has requested HDMS to identify itself with a nutrition program to be held at A.I.C. and Springfield Colleges in the fall. The Committee approved this program to stimulate interest in the medical sciences.

A reply from Mr. Richard Bergen, Director of the Legal Research Department of the AMA, to Reverend Charles W. Barnes was read as informational.

The tax status between *The Hampden Hippocrat* and the HDMS as interpreted by Mr. Allen of Doubleday, Allen and Grimaldi was discussed and thought to be satisfactory at this time.

The resolutions of Dr. D'Avanzo's former committee on Physician Hospital Relations were discussed. They had been sent to MMS's Dr. Wyman's Committee on Hospital and Professional Relations. The latter called attention to the Proceedings of the Council of May, 1958, (and telephoned on July 16, 1970 suggesting that the Proceedings of the Council of May 15, 1967, page 29 be referred to also). After discussion by the Committee it was decided to refer this to Dr. Bandeian's committee, Interhospital and Community Health Planning, for further study and recommendations as Dr. Wyman thinks that these resolutions are well covered by these two references.

OLD BUSINESS

Further information on "Yellow Pages" telephone listing has been ob-

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tained from Mr. Sudgeon, Director of the New England Telephone Company, in Boston. It will be impossible to obtain a pre-publication listing, but names that were omitted or wrong listings will be sent to Mr. Sudgeon. To date, Mrs. Purdy has received five calls from physicians with wrong listings.

Dr. Hough, heading the HDMS's physical examinations' program for 13-15 year old boys and girls participating in the summer program at Westover Air Force Base for "inner-city" youth, as sponsored by U.S. Senator Edward W. Brooke, gave a progress report. Four dates have been decided on for these examinations with physicians appointed as chairman for the day. Problems have arisen but hopefully the examinations will be accomplished without too much chaos. The Committee gave Dr. Hough a vote of confidence for an excellent achievement.

The Committee approved of Marathon House with reference to location and will so notify the news media.

Dr. Turner reported on the meeting held at the Wesley Methodist Church on Community Health Planning which was attended by himself, Dr. Sears, and Mrs. Purdy.

NEW BUSINESS

The committee for the Black Harambee Holiday has asked for the cooperation of the HDMS. Letters will be sent out to all physicians by the Black Harambee Holiday Committee.

The date of the June Executive Committee will be changed from the third Tuesday to the second Tuesday as this usually conflicts with the AMA Annual Convention each year. This date will not conflict with the Springfield Academy of Medicine since the latter does not hold meetings in June.

The date of the December District Meeting has been changed since it conflicts with the Clinical Meeting of the AMA which is to be held in Boston in 1970. Since the Academy of Medicine has invited Dr. LaMar Soutter, Dean of the University of Massachusetts Medical School and President of the MMS this year, to attend its meeting on December 8, 1970, it has also invited the HDMS to join in as part of its regular district meeting. The Committee approved this change.

The Committee approved Dr. Mozden as Alternate to the Public Relations Councilor.

The Committee approved Dr. Boivin as Alternate to the Legislative Councilor.

MARK YOUR CALENDAR NOW!

HDMS Meeting, September 29.

HDMS Executive Committee Meeting, October 20 and November 16.

MMS Council Meeting, Boston, October 14.

American Academy of Ophthalmology and Otolaryngology, Las Vegas, October 5-9.

American College of Surgeons, Chicago, October 12-16.

American Academy of Pediatrics, San Francisco, October 17-22.

American Public Health Association, Houston, October 26-30.

AMA Clinical Meeting, Boston, November 29 - December 2.

The Committee approved Dr. Verrilli as Assistant Secretary.

Dr. Ann Hirschhorn was appointed as advisor, representing the HDMS, to the Hampden District Association of Medical Assistants.

The Committee approved of Dr. Gilchriest, Public Relations Councilor (or a physician on his committee) and Mrs. Purdy to attend the Conference on Leadership Through Communications to be held in Chicago on August 6, & 7, 1970.

Dr. Turner discussed some of the ideas he has as goals for various committees for the coming year. He suggested that disaster medical care be updated. A suggestion by Dr. Sullivan to add Dr. Janes to the committee was approved.

Dr. Turner suggested that the Public Relations Committee continue its work with the drug abuse problem, medical care in the district and the possibility of holding another Speakers' Bureau instruction session.

Dr. Turner suggested that a program for one of the district meetings could be having someone from the STCC speak on the paramedical programs that are being held and planned for the future at that college.

The Emergency Service at Holyoke was discussed. A termination of the emergency number was discovered and investigated, but has since been reinstated. At Mrs. Purdy's suggestion, Dr. Turner asked the Committee to approve asking Dr. Byrnes, chairman of the Emergency Service Committee, to study the present need to continue this service for next year.

Copies of a questionnaire made by the Springfield Trade High School as a survey on health needs was given to each member of the Committee to fill out and return to the school. This new program will start shortly and will be held in the old Rex Chainbelt Company in the Brightwood Section of Springfield.

The meeting was adjourned at 10 P.M.

The Grievance Committee met and heard three cases.

The meeting was adjourned at 11 P.M.

CANCER SYMPOSIUM

An all day cancer symposium will be held at the Wesson Memorial Hospital, 140 High Street, Springfield, Massachusetts on Saturday, October 3, 1970. The guest speaker will be John H. Knowles, M.D., General Director of the Massachusetts General Hospital. Dr. Knowles will speak on "Cancer Programs in Community Hospitals and Their Relation to University Teaching Centers." Members of the medical staff will report on the treatment of various types of malignant diseases at the Wesson Memorial Hospital following Dr. Knowles' address.

In addition, the new Radiation Therapy Unit will be exhibited. A linear accelerator and a new Tele Cobalt 60 unit have been obtained by the Wesson Memorial Hospital. Tours of this new Radiation Therapy Unit, as well as tours of the new wing of the hospital, will be conducted. All physicians of the Hampden District Medical Society are sincerely invited to attend this important cancer symposium.

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CORRESPONDENCE

A PLEA
To The Editor:

Once a year the citizens of the United States are called upon to contribute to the United Fund of their respective communities. In our own Pioneer Valley, comprising Springfield and 8 surrounding cities and towns, the fund raising campaign this year will get under way on September 27, 1970.

The funds thus raised, as we all know, serve to meet the needs of a great variety of charitable agencies. The list is so all inclusive that everybody is bound to find in it his charity of choice.

It seems redundant to remind physicians of the need of helping others. This has always been the hallmark of our profession. If in the past the "Medical Division" fell somewhat short of the expected, it was undoubtedly due to campaign misadventures and misunderstandings.

This year it is sincerely hoped that the "Medical Division" will respond even more generously than in the past. The need is greater and the dollar buys less. As in the past, however, let us contribute not as a means of enhancing our professional image but as a demonstration of our civic responsibility and as a manifestation of our sensitivity to human needs.

Before long a worker — a colleague of yours — will solicit your pledge for the United Fund. In addition to opening your heart as well as your check book, please cooperate with him as much as you can. He is well deserving of our courteous consideration.

Lawrence Doolittle, M.D.
Chairman, Medical Division
Pioneer Valley United Fund

HDMS GOLF DAY

by Harry L. Roberts, M.D.
Chairman, Golf Day Committee

The eighth annual HDMS Gold Tournament was held under threatening skies at the Elmcrest Country Club in East Longmeadow. Thirty-two sat down to dinner having enjoyed all varieties of golf and allowed they had had a pleasant day.

Low Gross Winner:
Terence M. O'Neil, M.D.

Runner Up:
Erik A. Rosenthal, M.D.

Low Net Winners:
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2nd — Carlo Montori, M.D.
3rd — Roger Dudis, M.D.

THE NEXT MEETING of the SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, OCTOBER 13, 1970 AT 8:30 P.M.

SPEAKER: **Walter H. Smartt, M.D., M.P.H.**
Los Angeles County Health Dept.
Chief, Division of Venereal Disease Control
Los Angeles, California

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